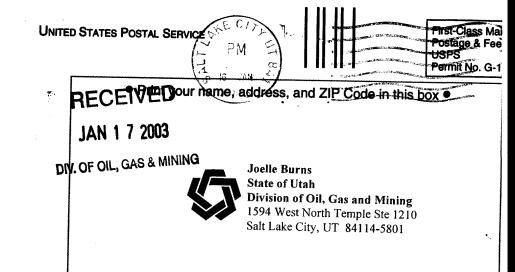
SENDER: Complete items 1 and/or 2 for additional services		DIO NICHE TO THE REAL PROPERTY OF THE PROPERTY		U.S. Postal Service CERTIFIED MAIL	tal Service	
 Print your name and address on the reverse of this form so that we can return this card to you. 	this	following services (for an extra fee):		(Domestic Mail Or	nly; No Insurance ((Domestic Mail Only; No Insurance Coverage Provided)
Attach this form to the front of the melipiece, or on the back if space does not permit.		1. ☐ Addressee's Address ice	84		1 000	1 /14 /05
■Write "Return Receipt Requested" on the malipiece below the article number.	number.	2. Restricted Delivery		JB DOGM	M/035/020 1/14/03	1/14/03
delivered.	7	Consult postmaster for fee.	96	Postage	€	
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PO BOX 540700	☐ Registered	⊠ Certified Re	00	Restricted Delivery Fee (Endorsement Required)		
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JB · DOGM M/035/020 1/14/03	7. Date of Delivery	No.	34	Recipient's Name (Please Print Clearly) (to be completed by mailer) SCOTT HUGHES I NEW TEXT DOOR	Print Clearly) (to be comp	leted by mailer)
. Received By: (Print Name)	8. Addressee's Add	And Se Control of the Steel of	99	\$16°, 86%; 54871	χ 6 °.	**************************************
Signature: (Addressee or Agent)	and leed is paragram	Tha	70	City, State, ZIP+4 ST.C ITT 84054	54	
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S Form 3811 , December 1994	102595-97-B-0179 D	Domestic Return Receipt				

is your <u>RETURN ADDRESS</u> completed on the reverse side?



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